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ABSTRACT

An art therapist working with disturbed adolescents discusses approaches toward dealing with their resistance to treatment. She explains that the method which seems most successful is one that accepts resistance as developmentally appropriate and she suggests that the resistance should be joined rather than interpreted as such. Other suggestions made include preparation for group art therapy by stressing the use of art as an expressive vehicle in family or individual sessions; use of metaphorical communication in directives; and pictorially working through the adolescents' morality and criticism of adults. (CL)

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TECHNIQUES OF ADOLESCENT ART THERAPY

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> "One thing that must be recognized at the start by those who explore in this area of psychology is the fact that the adolescent boy or girl does not want to be understood. Adults must hide among themselves that which they come to understand of adolescence. It would be absurd to write a book for adolescents on adolescence because this period of life is one that must be lived, and it is essentially a time of discovery. Each individual is engaged in living the experience, a problem of existing." (Winnicott)

For the therapist to be honest, open and "straight" with the adolescent in treatment at the same time "hiding" what they understand, is a paradoxical position. However, this is the most successful stance for establishing a working alliance between the therapist and the adolescent patient.

Fortunately, advantages in the technique of art therapy make this position somewhat more tenable. Methods using self-produced symbols and maetaphors which are self- interpreted, as well as limited self-disclosure through verbalization, are techniques that allow the adolescent the important position of autonomy in the therapeutic relationship.

Working through resistance by interpretation is a fundamental process of a psychoanalytic relationship. However, the type of resistance encountered (and in massive doses) with almost every adolescent in treatment should be approached in a different way. Recognition that resistance to the adult therapist is developmentally appropriate, becomes a starting place for exploration of the patient's problems. Resistance can be seen as an aid rather than a hinderance to therapy.

> "The conflicts by regressive and progressive adaptations confront the maturing child with overwhelming challenges and alternatives. There lies the conflict between the generations. In essense, it is aroused by the emotional disengagement from the old and beckoning by the new that can only be reached by the gradual elaboration of compromises." (Blos)

"Going with" the resistance is a technique which can be used successfully with adolescents. As an example an adolescent group was able to verbalize, "Group is okay, but there are some things that can never be talked about." Joining with this feeling instead of exploring the "why not", is accomplished by asking the group to do a drawing of their "secrets", with an assurance that they will not be asked to talk about the content. As the size, weight, color and texture of each "secret" is discussed there is often general recognition of similarities in the projected drawings. Through the relief gained by revealing the emotions concerning the supressed material it becomes almost immaterial when the exact situation is discussed in full.

This technique of focusing on whatever material the adolescent brings to the session, working with it toward opening up appropriate developmental concerns results in the adult therapist being removed from a position of the "disliked authoritarian figure". He/she does not become a fellow adolescent either, but somehow assumes a "non-age" identity which is used by the adolescent in making his own decisions toward growth and identity. A discussion of age has come up numerous times with the adolescent trying to verbalize how he/she has seen this therapist in a young-old mixture that is not like any other adult he/she knows. This provides them with a decontaminated adult with whom they can work.

Usually the main developmental dilemna for the adolescent is how to separate from parental figures, and how to resist the urge to regress. This stress and ambivilance is often transferred to the therapist in the form of suspicion and anxiety about trust. Immediate, heavy emphasis on directives, discussions and expression stating the therapist's understanding that trust is <u>not</u> easily established is of primary importance; the therapist has no

expectation that confidential material will emerge for a long time. It would be counter to success to expect trust until many other problems are resolved. By staying within this framework a great deal of work can be accomplished. When resistance is used as a part of the treatment plan it allows the adolescent to attach or stay distant on his/her own terms.

Resistance to participation in group can best be handled by adequate preparation in family and individual initial sessions, discussing the most pressing issues and making an attachment. This opportunity for preparation is not necessarily available to the therapist working in a day treatment or hospital setting. However, every effort should be make to have some contact and some exposure to the use of art as an expressive vehicle, before being brought into group. In addition, most adolescents have experienced disappointment in using their peer group as a substitute for parental nurturing. Therefore, it becomes doubly important to clarify that the therapeutic relationship will differ in ways that will assure the adolescent of stability and confidentiality.

Differing from the distressed but functioning adolescent outpatient, is the more disturbed young person in the hospital. The difference lies in the force of the depression and anger which should be dealt with in a less direct way. Focusing with art work on an ability to organize and explore feelings over a long period of time will help the young person build strengths through development of an ego observer.

It is very helpful for the therapist to use metaphorical communication in directives. Staying with the patients' own metaphor does not inquire necessarily as to content but becomes supportive, accepting and non-threatening. Supressed material is often too much for the individual or group to handle. Defenses may be weak and exposure premature. Helping the client to deal with feelings rather than specific details, the therapist can keep the pace that is most helpful. Again, safety and support reduces

resistance. Adolescents in a day treatment or hospital program will need to severely test the therapist in these areas before allowing themselves the risk of deeper exposure.

An adolescent is "in" therapy when he begins to feel in command of the session. The technique of turning the choices back to the young person to choose the content which is to be discussed, the choice of media, how much to share with the parents and how they can help the family change, are positions taken by the therapist to enable him/her to break through resistance. At this point of a more established working alliance the adolescent's art work becomes especially significant. The therapist can move in to explore dynamics through messages or hints of messages that are exposed within the product. If the therapist suspects, for example, that the adolescent is experiencing overwhelming anxiety about maturation and separation that society demands as soon as he "officially" becomes a teenager, this distress can be sought for in the art work. A search for this material can even be manipulated in some degree by the sensitive art therapist. Perhaps there is a dot in the far corner of the page that appears separated from the drawing, it would be helpful to puzzle, how it got so disconnected, and how the dot feels, and the feelings it would have about returning to the main drawing? A resolution about a "dot" is more comfortable for the adolescent to deal with than relating to the problem personally.

The therapist of the adolescent help their patient(s) to discover how they can solve a basic concern which Bruno Bettleheim states as:

> "...when we adults fail to take a stand from which adolescents can sort out for themselves which ideas are suitable for experiment in thought only, youth is left without any clear directions. They come to believe that whatever can be experimented with in thought is also suitable to be tried in reality."

Offering the art therapy adolescent patient an opportunity to be omnipotent and experimental on paper, using additional drawings for different perspectives is a way of opening up solutions. It gives the young person a chance to bring ego functioning and strength to work in a safe arena. The ability to experience "defiant independence" and control the "regressive dependence" (Winnicott) is easier if an observing ego is brought into play. This is done through self-observation and interpretation of the adolescents' products.

The therapy hour is short and all too limited in length of treatment time in most of our clinical settings. We can do very little about matters that rise from environmental failure. We can only provide an opportunity for the patient to build greater psychological strength which may aid him in coping with this stressful world. One opportunity which we can offer is a safe place to be uncompromisingly idealistic.

> "It is a prime characteristic of adolescents that they do not accept false solutions. This fierce morality on the basis of the real and the false belongs also to infancy and to illness of schizophrenic types." (Winnicott)

Rather than interpret or lead the adolescent toward the realities of the world, it is helpful to go along with their morality and criticism of adults, working it through pictorally. Support (particularly in group) of this idealism allows the adolescent a chance to gradually move on to an acceptable compromise position. He sees the change he has chosen for himself. He can observe the record of change in his drawings and does not feel it as an imposition from the adult world.

In summary, the method that seems most successful in adolescent therapy is one that accepts the resistances of adolescence as developmentally appropriate. It is a resistance which should be joined rather than interpreted as such. These resistances which are a push toward individualization and autonomy, uses the modality of therapeutic expression in concrete form to

develope an ego observer and to gain ego strength and accomplish the developmental tasks of adolescence.

This introduction will be followed by slides which will illustrate the technique discussed in the paper.

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